CONTRACTOR'S REQUEST FOR PAYMENT TRANSMITTAL

CONTRACT NO.	PARTIAL PAYMENT NO.	
		FINAL PAYMENT
PROJECT	REQUISITION NO.	
LOCATION	FOR PERIOD BEGINNING	ENDING
ITEM	AMOUNT	
1. Amount of original contract	\$	
2. Change orders and/or amendments	\$	
3. Total adjusted contract prices	\$	
4. Value of work completed to end of period		\$
5. Value of material stored at the site (Itemize below)		\$
6. Total value of work completed and stored material (Line 4 plus Line 5).		\$
7. Less % retainage		\$
8. Total due contractor thru end of this period		\$
9. Less previous requests		\$
10. Net amount due contractor this payment		\$
MATERIAL STORED AT THE SITE (See Item 5 above) Description		Value
CONTRACTOR'S CERTIFICATION OF PAYMENT		
By signing this request for payment, I certify that I have made payment from the proceeds of prior payments, and that I will make timely payment from the proceeds of this payment, of amounts due my subcontractors and suppliers in accordance with my contractual arrangements with them.		
SIGNATURE OF CONTRACTOR'S AUTHORIZED REPRESENTATIVE	D	ATE SIGNED
RECOMMENDED FOR PAYMENT (Signature of EPM, COR, CM or A.E. as ppropriate) DATE		ATE SIGNED
CONCUR (Signature of EPM or COR as appropriate)	D	ATE SIGNED

Form ARS-372 (11/84) Replaces SEA-372 (1/79) which may be used.

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